## Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)::

No

Number of copies of CRF::

0

Title:: METHOD OF DEACIDIFYING DRINKS

Attorney Docket Number:: 0514-1122

Request for Early No

Publication?::

Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN

Middle Name::

Family Name:: BONNET

City of Residence:: ANGERS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 16 RUE DESJARDIN

Address::

City of Mailing Address:: ANGERS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 49100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: HERVE

Middle Name::

Family Name:: DE VILMORIN

City of Residence:: BORDEAUX

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 26 RUE POUDENSAN

Address::

City of Mailing Address:: BORDEAUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 33000 Correspondence Information Correspondence Customer 000466 Number:: Representative Information 000466 Representative Customer Number:: Domestic Priority Information Parent Filing Parent Continuity Application:: Application:: Date:: Type:: Foreign Priority Information Priority Filing Date:: Application Country:: Claimed:: Number:: Yes 9/30/02 02 12089 FRANCE Assignment Information VASLIN BUCHER Assignee Name:: Street of Mailing Address:: Rue Gaston Bernier CHALONNES SURE LOIRE City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Postal or Zip Code of Mailing Address:: 49290 INDAGRO GASQUET Assignee Name:: Street of Mailing Address:: 16 rue Yves Glotin

City of Mailing Address:: BORDEAUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 33083